

**APPLICATION FOR POST APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

IOWA BOARD OF DENTAL EXAMINERS

400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 *per course* is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: _____

2. Course Subject:

Related to clinical practice
Patient record keeping
Risk Management
Communication
OSHA regulations/Infection Control
Other: _____

3. Course date: _____ Hours of instruction: _____

4. Provide a detailed breakdown of contact hours for the course or program:

5. Name of course sponsor: _____

Address: _____

6. Which of the following educational methods were used in the program? Please check all applicable.

Lectures
Home study (e.g. self assessment, reading, educational TV)
Participation
Discussion
Demonstration

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

8. Please attach a program brochure, course description, or other explanatory material.
9. Name of person completing application: _____
Title: _____ Phone Number: _____
Fax Number: _____ E-mail: _____
Address: _____
Signature: _____ Date: _____

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE** PER COURSE TO:

**Iowa Board of Dental Examiners
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**